

Phone: 281-444-7555 Fax: 832-249-6688

Financial Assessment Worksheet

Please complete the requested information prior to your appointment and bring this worksheet along with your most recent tax return.

NAME	DATE OF BIRTH		
SPOUSE	DATE OF BIRTH		
ADDRESS			
CITY	STATE ZIP		
HOME PHONE	MOBILE PHONE		
WORK PHONE	EMAIL		

For questions 1-4, please select the appropriate answer from the drop down menu.

1.	Highest level of education:	

- 2. Do you have a current will?
- 3. Do you have a living trust?
- 4. Are you concerned about possible nursing home expenses?

HOUSEHOLD INCOME		
ANNUAL WAGES S		SOURCE
HUSBAND	\$	
WIFE	\$	
OTHER	\$	
OTHER	\$	
APP		

Please identify the Financial Tools that comprise your current portfolio. Feel free to use approximate values for any requested amounts. If you're not sure about something, simply skip that item. If you need additional space, please write on the back or attach additional sheet(s).

INVESTMENT TOOLS

	STOCKS	
NAME OF STOCK/BOND	# OF SHARES	APPROXIMATE VALUE
		\$
		\$
		\$
		\$

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS please bring latest report(s) and/or statement(s)			
NAME MUTUAL FUND OR BROKERAGE FIRM	# OF SHARES	APPROXIMATE MARKET VALUE	
		\$	
		\$	
		\$	
		\$	

VARIABLE ANNUITIES please bring contract and latest statements				
ANNUITANT/COMPANY	OWNER	INTEREST RATE	DATE PURCHASED	
		%	\$	
		%	\$	
		%	\$	
		%	\$	

	BONDS	
NAME OF BOND	# OF SHARES	APPROXIMATE VALUE
		\$
		\$
		\$

SAVINGS TOOLS

BANKS, SAVINGS & LOANS, CREDIT UNIONS (NON-IRA) checking, savings, cd's, money market					
NAME OF INSTITUTION	ACCOUNT TYPE	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE	
				\$	
				\$	
				\$	
				\$	

	IMMEDIATE AND/OR FIXED ANNUITIES please bring contract and latest statements				
ANNUITANT/COMPANY	OWNER	INTEREST RATE	APPROXIMATE VALUE	DATE PURCHASED	
		%	\$		
		%	\$		
		%	\$		
		%	\$		

ADDITIONAL

IRA & OTHER "RETIREMENT" ACCOUNTS				
ACCOUNT TYPE & LOCATION (BANK, BROKER, EMPLOYER)	TYPE (401K, IRA, TSA, ETC)	APPROXIMATE MARKET VALUE		
		\$		
		\$		
		\$		
		\$		
PLANNED O				

RESIDENCE & OTHER REAL ESTATE OWNED					
ADDRESS OF PROPERTY	ORIGINAL COST	APPROX. VALUE	DEBT	CASH FLOW BEFORE DEPRECIATION RENTAL PROPERTY	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

OTHER ASSETS	
	\$
	\$
	\$

		INSURANCE icies and latest staten	nents	
COMPANY	NAME OF INSURED	WHOLE LIFE (W) OR TERM (T)	DEATH BENEFIT	LOAN AGAINST?
			\$	\$
			\$	\$
			\$	\$
			\$	\$

PLEASE LIST YOUR PRIMARY FINANCIAL CONCERNS IN ORDER OF IMPORTANCE
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?
HOW WOULD YOU IMPROVE YOUR FINANCIAL SITUATION IF YOU COULD? WHY?